06/24/2010 23:15

Image# 10930858093

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

F	ORM 3X	For	Other Than A	An Authorized C	ommittee		Office Use Only
1.	NAME OF COMMITTEE (in fu		FEC MAILING L TYPE OR PRINT		le:If typing, type e lines		
	HCA INC. GOOD	GOVERNMENT	Γ FUND			1 1 1 1 1	
L		1 1 1 1 1	1 1 1 1		1 1 1 1 1 1	1 1 1 1 1	
AD	DRESS (number and	street)	O BOX 550				
Ľ	Check if differ than previously reported. (ACC	ent L	NE PARK PLAZA L L L L L L ASHVILLE	A 		LTN L	37203
2.	FEC IDENTIFICAT	ION NUMBER	₩ _	CITY 🛕		STATE	ZIPCODE 🛋
	C00067231	• • • • •		3. IS THIS REPORT	NEW (N) OR		ENDED
4.	July 15 Quarterly October 1 Quarterly January 3 Quarterly July 31 M Report(N Year Only	Report(Q1) Report(Q2) 15 Report(Q3) 31 Report(YE) 1id-Year on-election	(b) Monthly Report Due On: (c) 12-Day PRE-Ele Report for Post -El Report for	ction or the: Co	May 20 (M5 Jun 20 (M6 Jul 20 (M7) mary (12P) nvention (12C)) Sep 2	in the State of
5.	Covering Period	0 9	01 20	0 8	through 0 9	30	2008
	ertify that I have exam		t and to the best of David Anderson	of my knowledge and	belief it is true, correc	et and complete.	
Sig	nature of Treasurer	Electronically	/ Filed by David	d Anderson		Date 0 6	24 2010
NO	TE : Submission of f	alse, erroneous	, or incomplete in	formation may subjec	t the person signing t	his Report to the p	penalties of 2 U.S.C 437g.
	Office Use						FEC FORM 3X (Rev. 12/2004)

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

2/23

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name HCA INC. GOOD GOVERNMENT FUND

D [®]D 09 0 1 2008 0.9 3 0 2008 From: Report Covering the Period: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2008 248699.32 January 1 (b) Cash on Hand at 93366.28 Begining of Reporting Period 17854.00 41231.72 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 111220.28 289931.04 6(a) and 6(c) for Column B) 38980.61 217691.37 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 72239.67 72239.67 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D)

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

FE6AN026

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 23

Write or Type Committee Name

HCA INC. GOOD GOVERNMENT FUND

Report Covering the Period:

From: 0 9 M

D D 1

^Y ^Y ^W ^Y 2008

o. 09

D D 0

^Y ^Y ^Y ^Y ^Y 2008

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1. C	contributions (other than loans) From: a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	11650.00	22040.00
	(ii) Unitemized	6005.00	14850.50
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	17655.00	36890.50
(t	o) Political Party Committees	0.00	0.00
(c	(such as PACs)	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	17655.00	36890.50
	ransfers From Affiliated/Other arty Committees	0.00	0.00
3. A	Il Loans Received	0.00	0.00
	oan Repayments Received	0.00	0.00
(C	Refunds, Rebates, etc.) Carry Totals to Line 37, page 5)	0.00	0.00
to	o Federal candidates and Other olitical Committees	0.00	0.00
	other Federal Receipts Dividends, Interest, etc.)	199.00	4341.22
	ransfers from Non-Federal and Levin Funds		
(a	a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b	b) Levin Funds (from Schedule H5)	0.00	0.00
(c	e) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
	otal Receipts (add Lines 11(d), 2, 13, 14, 15, 16, 17, and 18(c))	17854.00	41231.72
	otal Federal Receipts ubtract Line 18(c) from Line 19)	17854.00	41231.72

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 23

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	180.61	3641.37
	Expenditures(c) Total Operating Expenditures	100.01	3041.37
	(add 21(a)(i), (a)(ii) and (b))	180.61	3641.37
22.	Transfers to Affiliated/Other Party	0.00	0.00
23.	Contributions to	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	27300.00	185800.00
4.	Independent Expenditure	0.00	0.00
5.	(use Schedule E)	0.00	0.00
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
26.	Loan Repayments Made	0.00	0.00
17	Loons Made	0.00	0.00
	Loans Made Refunds of Contributions To:	0.00	0.00
	(a) Individuals/Persons Other Than Political Committees	0.00	0.00
		0.00	0.00
	(b) Political Party Committees (c) Other Political Committees	0.00	0.00
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds	0.00	0.00
	(add Lines 28(a), (b), and (c))	0.00	0.00
9.	Other Disbursements	11500.00	28250.00
30.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely	0.00	0.00
	With Federal Funds	0.00	3.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	38980.61	217691.37
32.	Total Federal Disbursements		
<i>,</i>	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	38980.61	217691.37

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 23

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	17655.00	36890.50
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	17655.00	36890.50
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	180.61	3641.37
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	180.61	3641.37

FE6AN026

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 23 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) HCA INC. GOOD GOVERNMENT FU	Statements may not be sold or used by any pers le name and address of any political committee to JND	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Minta Albietz Mailing Address PO Box 193 City Blue Diamond FEC ID number of contributing federal political committee. Name of Employer Sunrise Hosp Receipt For: Primary Other (specify)	State Zip Code NV 89004 C Occupation CNO Aggregate Year-to-Date ▼ 500.00	Date of Receipt M M M J D D J 2 0 0 8 Transaction ID: SA11AI.17081 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Robert Alford Mailing Address 2503 Hemingway Driv City Nashville FEC ID number of contributing federal political committee. Name of Employer Centennial Medical Center Receipt For: Primary General Other (specify)	State Zip Code TN 37215 C Occupation CMO Aggregate Year-to-Date ▼ 400.00	Date of Receipt M M M D D D 2008 Transaction ID: SA11AI.17101 Amount of Each Receipt this Period 400.00
Full Name (Last, First, Middle Initial) Charles Briscoe Mailing Address 3120 Bayhaven Dr City Myrtle Beach FEC ID number of contributing federal political committee. Name of Employer Grand Strand Regional Med. Ctr Receipt For: Primary General Other (specify)	State Zip Code SC 29579 C Occupation COO Aggregate Year-to-Date ▼ 500.00	Date of Receipt M M M J D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		1400.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 23 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar	for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any per e name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
\angle	HCA INC. GOOD GOVERNMENT FU	ND	
A .	Full Name (Last, First, Middle Initial) Pamela Davis		Date of Receipt
	Mailing Address 209 Patrick Avenue	09 / 18 / 2008	
	City Franklin	State Zip Code TN 37064	Transaction ID: SA11AI.17115 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Centennial Med Ctr	Occupation Bariatric Program Dir	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
 3.	Full Name (Last, First, Middle Initial) Sheliahn Davis-Wyatt Mailing Address 489 N.W. Riven Rock	Tr	Date of Receipt
		09 15 2008	
	City Lee's Summit	State Zip Code MO 64081	Transaction ID: SA11AI.17053 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	350.00
	Name of Employer Menorah Medical Center	Occupation COO	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
).	Full Name (Last, First, Middle Initial) Catherine Duffy		Date of Receipt
	Mailing Address 276 Noah Drive		09 15 2008
	City	State Zip Code	Transaction ID: SA11AI.17097
	Franklin FEC ID number of contributing federal political committee.	TN 37064	Amount of Each Receipt this Period 500.00
	Name of Employer Centennial Medical Center	Occupation CNO	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
s	UBTOTAL of Receipts This Page (optional) .		1100.00
 -	OTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 23 (check only one) X 11a 11b 11c 12 13 14 15 16 17
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) HCA INC. GOOD GOVERNMENT FU	e name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Joann Ettien		Date of Receipt
	Mailing Address 1216 Beddington Park City	State Zip Code	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Nashville	TN 37215	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Centennial Med Ctr	Occupation Women's Administrator	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
В.	Full Name (Last, First, Middle Initial) Debbie Gafford Mailing Address 12804 W 132nd Stree	,t	Date of Receipt
	12004 W 13211d Street	09 15 2008	
	City	State Zip Code	Transaction ID: SA11AI.17056
	Overland Park	KS 66213	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	350.00
	Name of Employer Menorah Medical Center	Occupation CFO	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	
_ >.	Full Name (Last, First, Middle Initial) Ann Grannis		Date of Receipt
	Mailing Address 3012 New Natchez Tr		09 18 2008
	City Nashville	State Zip Code TN 37215	Transaction ID: SA11AI.17118 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Centennial Medical Center	Occupation Nutrition Svcs Dir	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional) .	1	1100.00
t	TOTAL This Period (last page this line number		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 23 (check only one) X
or f	y information copied from such Reports and S or commercial purposes, other than using the NAME OF COMMITTEE (In Full) HCA INC. GOOD GOVERNMENT FU	e name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\.	Full Name (Last, First, Middle Initial) Thomas Herron Mailing Address 655 Bliss Road City	State	Zip Code	Date of Receipt M
•	Brentwood FEC ID number of contributing federal political committee.	TN	37027	Amount of Each Receipt this Period 1000.00
	Name of Employer Centennial Medical Center Receipt For: Primary General Other (specify) ▼	Occupatio CEO Aggregate	e Year-to-Date ▼ 1000.00	
3.	Full Name (Last, First, Middle Initial) Teri James Mailing Address 1500 State Street			Date of Receipt 0 9 1 8 2 0 0 8
,	City Lexington FEC ID number of contributing federal political committee.	State MO	Zip Code 64067	Transaction ID: SA11AI.17093 Amount of Each Receipt this Period 350.00
	Name of Employer Lafayette Regional HIth Ctr Receipt For: Primary General Other (specify) ▼	Occupatio CFO Aggregate	e Year-to-Date ▼ 350.00	
;.	Full Name (Last, First, Middle Initial) Patricia Knight Mailing Address 3608 Meadow Drive			Date of Receipt
,	City Nashville FEC ID number of contributing	State TN	Zip Code 37215	Transaction ID: SA11AI.17109 Amount of Each Receipt this Period
	federal political committee. Name of Employer Centennial Medical Center	Occupatio VP HR	n	200.00
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 450.00	
SU	JBTOTAL of Receipts This Page (optional)			1550.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 23 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using t	Statements may not be sold or used by any perso he name and address of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) HCA INC. GOOD GOVERNMENT F	UND	
Full Name (Last, First, Middle Initial) Bret G. Kolman		Date of Receipt
Mailing Address 1500 State Street City	State Zip Code	M M / D B / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Lexington	MO 64067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	750.00
Name of Employer Lafayette Regional HIt Ctr	Occupation CEO	1
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Kim Leakey		Date of Receipt
Mailing Address 16665 Hwy 13		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.17095
Richmond	MO 64085	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Lafayette Regional	Occupation CNO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Erika Locknar		Date of Receipt
Mailing Address 15768 Cupid		09 18 YYYY 2008
City	State Zip Code	Transaction ID: SA11AI.17086
Caldwell	ID 83607	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer West Valley Med Ctr	Occupation CNO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Cutor (specify) 🔻		
SUBTOTAL of Receipts This Page (optional)	·····	1450.00
TOTAL This Period (last page this line numb	er only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 23 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) HCA INC. GOOD GOVERNMENT FU	JND	
Full Name (Last, First, Middle Initial) Kathy Moore		Date of Receipt
Mailing Address 14980 Oma St	0) d. 7' 0 d.	09 / 18 / 2008
City Caldwell	State Zip Code ID 83607	Transaction ID: SA11AI.17084 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	750.00
Name of Employer West Valley Med. Ctr.	Occupation CEO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Anita Peterson		Date of Receipt
Mailing Address 711 Kelly Drive		09 15 2008
City	State Zip Code	Transaction ID: SA11AI.17099
Lebanon	TN 37087	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Centennial Medical Ctr	Occupation Parthenon Administrator	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Cathy Philpott		Date of Receipt
Mailing Address 111 Merrimac Drive		09 / 18 / Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.17130
Hendersonville FEC ID number of contributing federal political committee.	TN 37075	Amount of Each Receipt this Period 350.00
Name of Employer Centennial Medical Center	Occupation Associate CNO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
SUBTOTAL of Receipts This Page (optional)		1600.00
TOTAL This Period (last page this line numbe	·	

A. Full Name (Micki Slinger Mailing Add City Nashville FEC ID nun federal politi Name of En Centennial Receipt For Prima Other B. David Summ Mailing Add City Gallatin FEC ID nun federal politi Name of En Centennial Receipt For Prima Other Centennial Receipt For Receipt For Full Name (Receipt For	cial purposes, other than using the COMMITTEE (In Full) GOOD GOVERNMENT FULL Last, First, Middle Initial) ress 1121 Tyne Blvd The contributing ical committee. Inployer Medical Center The contributing ical committee. The contributing ical committee ical	State TN C Occupation COO Aggregate Yea	zip Code 37220	Date of Receipt Date of Receipt M M J D D J 2 0 0 8 Transaction ID: SA11AI.17098 Amount of Each Receipt this Period Date of Receipt Date of Receipt Date of Receipt Amount of Each Receipt this Period Transaction ID: SA11AI.17108 Amount of Each Receipt this Period
Full Name (Micki Slinger Mailing Add City Nashville FEC ID nun federal politi Name of En Centennial Receipt For Prima Other B. David Summ Mailing Add City Gallatin FEC ID nun federal politi Name of En Centennial Receipt For Prima Other Centennial Receipt For Richard Tum Mailing Add	Last, First, Middle Initial) rland liress 1121 Tyne Blvd Inber of contributing ical committee. Inployer Medical Center It general (specify) Last, First, Middle Initial) Iters Iters 106 Tattnall Court	State TN C Occupation COO Aggregate Yea State TN	37220 r-to-Date ▼ 500.00	Transaction ID: SA11AI.17098 Amount of Each Receipt this Period Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
A. Micki Slingel Mailing Add City Nashville FEC ID nun federal politi Name of En Centennial Receipt For Prima Other B. David Summ Mailing Add City Gallatin FEC ID nun federal politi Name of En Centennial Receipt For Prima Other Centennial Receipt For Prima Other Full Name (Richard Tum Mailing Add	rland ress 1121 Tyne Blvd rices 1121 Tyne Blvd ress 1121 Tyne Blvd	TN C Occupation COO Aggregate Yea State TN	37220 r-to-Date ▼ 500.00	Transaction ID: SA11AI.17098 Amount of Each Receipt this Period Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Nashville FEC ID nun federal politi Name of En Centennial Receipt For Prima Other B. David Summ Mailing Add City Gallatin FEC ID nun federal politi Name of En Centennial Receipt For Prima Other C. Full Name (Richard Tum Mailing Add	nber of contributing ical committee. Inployer Medical Center Ity General (specify) Last, First, Middle Initial) ners Items 106 Tattnall Court	TN C Occupation COO Aggregate Yea State TN	37220 r-to-Date ▼ 500.00	Date of Receipt M M M D D D 2008 Transaction ID: SA11AI.17098 Date of Receipt M M M D D D 2008 Transaction ID: SA11AI.17108 Amount of Each Receipt this Period
Nashville FEC ID nun federal politi Name of En Centennial Receipt For Prima Other Full Name (David Summ Mailing Add City Gallatin FEC ID nun federal politi Name of En Centennial Receipt For Prima Other Full Name (Richard Tum Mailing Add	ical committee. Inployer Medical Center : Irry General (specify) Last, First, Middle Initial) Iress 106 Tattnall Court Inher of contributing	TN C Occupation COO Aggregate Yea State TN	37220 r-to-Date ▼ 500.00	Date of Receipt Date of Receipt M M D D D 2 0 0 8 Transaction ID: SA11AI.17108 Amount of Each Receipt this Period
FEC ID nun federal politi Name of En Centennial Receipt For Prima Other Full Name (David Summ Mailing Add City Gallatin FEC ID nun federal politi Name of En Centennial Receipt For Prima Other Full Name (Richard Tum Mailing Add	ical committee. Inployer Medical Center : Irry General (specify) Last, First, Middle Initial) Iress 106 Tattnall Court Inher of contributing	Occupation COO Aggregate Yea State TN	r-to-Date ▼ 500.00	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For Prima Other Full Name (David Summ Mailing Add City Gallatin FEC ID nun federal politi Name of En Centennial Receipt For Prima Other Full Name (Richard Tum Mailing Add	: Iry General (specify) ▼ Last, First, Middle Initial) ners Iress 106 Tattnall Court Inher of contributing	Aggregate Yea State TN	500.00 Zip Code	Transaction ID: SA11AI.17108 Amount of Each Receipt this Period
Full Name (David Summ Mailing Add City Gallatin FEC ID nun federal politi Name of En Centennial Receipt For Prima Other Full Name (Richard Tum Mailing Add	ary General (specify) ▼ Last, First, Middle Initial) ners tress 106 Tattnall Court mber of contributing	State TN	500.00 Zip Code	Transaction ID: SA11AI.17108 Amount of Each Receipt this Period
And the state of t	ricess 106 Tattnall Court	TN	·	Transaction ID: SA11AI.17108 Amount of Each Receipt this Period
City Gallatin FEC ID nunfederal politi Name of En Centennial Receipt For Prima Other Full Name (Richard Tum Mailing Add	nber of contributing	TN	·	Transaction ID: SA11AI.17108 Amount of Each Receipt this Period
Receipt For Other Full Name (Richard Turn Mailing Add		TN	·	Amount of Each Receipt this Period
Receipt For Other Full Name (Richard Tum Mailing Add			3/066	
Receipt For Prima Other Full Name (Richard Tum Mailing Add				500.00
Full Name (Richard Tum Mailing Add	nployer Medical Center	Occupation CFO		
Richard Tun Mailing Add		Aggregate Yea	r-to-Date ▼ 500.00	
	Last, First, Middle Initial)			Date of Receipt
O:t	ress 9951 Lodestone Dr			0 9 1 8 2 0 0 8
City	٠		Zip Code	Transaction ID: SA11AI.17114
	anber of contributing ical committee.	C	37027	Amount of Each Receipt this Period 350.00
Name of En Centennial	nployer Med Ctr	Occupation Assoc. Admir	 n.	
Receipt For Prima Other		Aggregate Yea	r-to-Date ▼ 350.00	
SUBTOTAL o				1350.00

SCHEDULE A (FEC Form 3X)

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 23 (check only one) X 11a 11b 11c 12 13 14 15 16 17
A	ny information copied from such Reports and St r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) HCA INC. GOOD GOVERNMENT FUN	name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) James White Mailing Address 1005 Heathrow Drive City Hendersonville FEC ID number of contributing federal political committee. Name of Employer Centennial Medical Center Receipt For: Primary General Other (specify)	State Zip Code TN 37075 C Occupation Administrator, Ortho/Neuro/Spine Aggregate Year-to-Date ▼ 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
— В.	Full Name (Last, First, Middle Initial) Steven Wilkinson Mailing Address 5721 West 119th Stree City Overland Park FEC ID number of contributing federal political committee.	State Zip Code KS 66209	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Employer Menorah Medical Center Receipt For: Primary General Other (specify) ▼	Occupation CEO Aggregate Year-to-Date 2000.00	
 C.	Full Name (Last, First, Middle Initial) Turner Wortham Mailing Address 4745 Wild Iris Dr, Apt 3 City Myrtle Beach FEC ID number of contributing	State Zip Code SC 29577	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	federal political committee. Name of Employer Grand Strand Regional Med Receipt For: Primary General	Occupation CFO Aggregate Year-to-Date ▼	350.00
Ę	Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	350.00	1850.00

A.

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 14/23 Use separate schedule(s) (check only one) for each category of the 11a 11b 11c **Detailed Summary Page** 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) HCA INC. GOOD GOVERNMENT FUND Full Name (Last, First, Middle Initial) Michael Wyers Date of Receipt Mailing Address 20611 Middlecreek Court 09 18 2008 City State Zip Code Transaction ID: SA11AI.17075 Sterling VA 20165 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Capital Division Office Occupation Controller Receipt For: Aggregate Year-to-Date Primary General 250.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	250.00
TOTAL This Period (last page this line number only)	<u> </u>	11650.00

SCHEDULE A (FEC Form 3X)		Harana and a shadala	FOR LINE NUMBER: PAGE 15 / 23							
ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) 11a 11b 11c 12 13 14 15 16 X 17							
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Full Name (Last, First, Middle Initial) Suntrust Bank Mailing Address P.O. Box 622227 City	State	Zip Code	Date of Receipt 0 9 0 2 2 0 0 8 Transaction ID: SA17.17140							
Orlando FEC ID number of contributing federal political committee. Name of Employer	FL C Occupatio	32862-2227	Amount of Each Receipt this Period 199.00 interest from bank statement							
Receipt For: Primary General Other (specify)		Year-to-Date ▼ 4341.22								

SUBTOTAL of Receipts This Page (optional)	•	199.00
TOTAL This Period (last page this line number only)	•	199.00

Image# 10930858108

State:

A.

SCHEDULE B (FEC Form 3X)

District:

FOR LINE NUMBER: PAGE 16 / 23 Use separate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the Detailed Summary Page 21b 22 23 26 27 28a 28b 28c 29 30b Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) HCA INC. GOOD GOVERNMENT FUND Full Name (Last, First, Middle Initial) Transaction ID: SB21B.17141 Suntrust Bank Date of Disbursement 19 0 9 2008 Mailing Address P.O. Box 622227 City State Zip Code Amount of Each Disbursement this Period Orlando FL 32862-2227 180.61 Purpose of Disbursement account analysis fees Candidate Name Category/ Type Office Sought: Disbursement For: House General Senate Primary President Other (specify)

SUBTOTAL of Disbursements This Page (optional)	•	180.61
TOTAL This Period (last page this line number only)	•	180.61

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	Purpose of Disbu fundraiser	ırsement						<u> </u>			5000.	00
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	Office Sought: State: VA	X House Senate President District: 07	Disbursement Prin Oth		2008 X General fy) ▼							
	Full Name (Last, First, Middle Initial) MARIO DIAZ-BALART							saction IE		3.17143		
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State: OR District: 00 Full Name (Last, First, Middle Initial) MORAN FOR KANSAS Mailing Address P.O. Box 1151 City State Zip Code Hays KS 67601 Purpose of Disbursement contribution Candidate Name MORAN FOR KANSAS Office Sought: X House Senate Primary X General Other (specify) ▼ State Zip Code KS 67601 Category/ Type Category/ Type Disbursement For: 2008 Senate Primary X General Other (specify) ▼ State: KS District: 01	State: OR District: 00 Full Name (Last, First, Middle Initial) MORAN FOR KANSAS Mailing Address P.O. Box 1151 City State Zip Code KS 67601 Purpose of Disbursement contribution Candidate Name MORAN FOR KANSAS Office Sought: X House Primary X General Other (specify) ▼ Subtrotal of Disbursements This Page (optional)				
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Mailing Address P.O. Box 1151 City State Zip Code KS 67601 Purpose of Disbursement contribution Candidate Name MORAN FOR KANSAS Office Sought: X House Senate Primary X General Other (specify) ▼ State: KS District: 01	Mailing Address P.O. Box 1151 City State Zip Code KS 67601 Purpose of Disbursement contribution Candidate Name MORAN FOR KANSAS Office Sought: X House Senate Primary X General President State: KS District: 01 SUBTOTAL of Disbursements This Page (optional)	Full Name (Last, First, Middle Initial)			
Hays KS 67601 Purpose of Disbursement contribution Candidate Name MORAN FOR KANSAS Office Sought: X House Senate Primary X General Primary X General Other (specify) ▼ State: KS District: 01 State: KS District: 01	Hays KS 67601 Purpose of Disbursement contribution Candidate Name MORAN FOR KANSAS Office Sought:	Mailing Address P.O. Box 1151			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 9 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ O & 3 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ & 2 & O & 0 & 8 \end{smallmatrix} \end{bmatrix}$
contribution Candidate Name MORAN FOR KANSAS Office Sought:	Candidate Name MORAN FOR KANSAS Office Sought:				Amount of Each Disbursement this Perio
MORAN FOR KANSAS Office Sought:	MORAN FOR KANSAS Office Sought:	contribution			500.00
Office Sought: Senate President State: KS Disbursement For: 2008 Primary X General Other (specify) ▼	Office Sought: X				
5200.00	SUBTOTAL of Disbursements This Page (optional) 5300.00	Senate	Primary X General	'	
SUBTOTAL of Disbursements This Page (optional)	SOBTOTAL OF PROGRESSION THE THIS Tage (optional)	State: KS District: 01	•		
		SUBTOTAL of Disbursements This Page (optional)		5300.00

Louisville KY 40257 Purpose of Disbursement campaign Candidate Name NORTHUP FOR CONGRESS Office Sought:	SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE (check only	
NAME OF COMMITTEE (in Full) HCA INC. GOOD GOVERNMENT FUND Full Name (Last, First, Middle Initial) NORTHUP FOR CONGRESS Malling Address PO Box 7313 City State Zip Code KY 40257 Purpose of Disbursement campaign Cardidate Name NORTHUP FOR CONGRESS Malling Address PO. Box 1919 P. O. Box 1		Detailed Summary Page	27	28a 28b 28c 29
NAME OF COMMITTEE (In Full) HCA INC. GOOD GOVERNMENT FUND Full Name (Last, First, Middle Initial) NORTHUP FOR CONGRESS Mailing Address PO Box 7313 City Louisville State Zip Code KY 40257 Purpose of Disbursement campaign Candidate Name NORTHUP FOR CONGRESS Office Sought: Senate President State: KY District: 03 Full Name (Last, First, Middle Initial) State: WI District: 03 Full Name (Last, First, Middle Initial) State: WI District: 01 Full Name (Last, First, Middle Initial) State: WI District: 01 Full Name (Last, First, Middle Initial) State: WI District: 01 Full Name (Last, First, Middle Initial) State: WI District: 01 Full Name (Last, First, Middle Initial) State: WI District: 01 Full Name (Last, First, Middle Initial) State: WI District: 01 Full Name (Last, First, Middle Initial) State: WI District: 01 Full Name (Last, First, Middle Initial) STUPAK FOR CONGRESS Office Sought: Wi Safate President State: WI District: 01 Full Name (Last, First, Middle Initial) STUPAK FOR CONGRESS Office Sought: Wi Safate President State: WI District: 01 Full Name (Last, First, Middle Initial) STUPAK FOR CONGRESS Office Sought: Wi Safate President State: WI District: 01 Full Name (Last, First, Middle Initial) STUPAK FOR CONGRESS Office Sought: Wi Safate President State: WI District: 01 Full Name (Last, First, Middle Initial) STUPAK FOR CONGRESS Office Sought: Wi Safate President Amount of Each Disbursement this Per Amount of Each Disbursement this Per Category/ Type Amount of Each Disbursement this Per Category/ Type Amount of Each Disbursement this Per Category/ Type Other (specify) ▼ Amount of Each Disbursement this Per Category/ Type Other (specify) ▼				
Mailing Address PO Box 7313 City	NAME OF COMMITTEE (In Full)	s and address of any pointed		
City				Date of Disbursement
Louisville KY 40257 Purpose of Disbursement campaign Candidate Name NORTHUP FOR CONGRESS Office Sought:	Mailing Address PO Box 7313			09
Cardidate Name NORTHUP FOR CONGRESS Office Sought:				Amount of Each Disbursement this Period
NORTHUP FOR CONGRESS Office Sought:	campaign			1000.00
Senate Primary	NORTHUP FOR CONGRESS			
Full Name (Last, First, Middle Initial) RYAN FOR CONGRESS Mailing Address P. O. Box 1919 P. O. Box 1919 City Janesville Wil 53547 Purpose of Disbursement fundraiser Candidate Name RYAN FOR CONGRESS Mailing Address Senate President State: Wil District: 01 Full Name (Last, First, Middle Initial) STUPAK FOR CONGRESS Mailing Address 817 Ninth Avenue P.O. Box 156 PO BOX 143 City Menominee Purpose of Disbursement Mil 49858 Purpose of Disbursement Category/ Type Transaction ID: SB23.17158 Amount of Each Disbursement this Per Date of Disbursement this Per Transaction ID: SB23.17158 Date of Disbursement Mil 49858 Amount of Each Disbursement this Per Category/ Type Office Sought: X House Senate Primary General Other (specify) Gategory/ Type Office Sought: X House Senate Primary General Other (specify) Gategory/ Type	Senate President	Primary X General		
Mailing Address P. O. Box 1919 P. O. Box 1919 City Janesville State Zip Code WI 53547 Purpose of Disbursement fundraiser Candidate Name RYAN FOR CONGRESS Office Sought: X House President State: WI District: 01 Full Name (Last, First, Middle Initial) STUPAK FOR CONGRESS Mailing Address 817 Ninth Avenue P.O. Box 156 PO BOX 143 City Menominee MI 49858 Purpose of Disbursement Category/ Type Transaction ID: SB23.17158 Date of Disbursement My M 1 2 0 0 8 Y 2 0 0 8 Y 2 0 0 8 Y 2 0 0 8 Y 2 0 0 8 Y 2 0 0 8 Y 2 0 0 8 Y 3 Mount of Each Disbursement this Per Transaction ID: SB23.17158 Date of Disbursement My M 1 2 0 0 8 Y Amount of Each Disbursement O 9 M 1 7 7 Y 2 0 0 8 Y Amount of Each Disbursement O 9 M 1 7 7 Y 2 0 0 8 Y Amount of Each Disbursement O 9 M 1 7 7 Y 2 0 0 8 Y Amount of Each Disbursement this Per Category/ Type Office Sought: X House Disbursement For: 2008 Senate Primary X General Other (specify) ▼ Other (specify) ▼ Other (specify) ▼	Full Name (Last, First, Middle Initial)			
City Janesville Purpose of Disbursement fundraiser Candidate Name RYAN FOR CONGRESS Office Sought:				$\begin{bmatrix} \begin{smallmatrix} M & 9 & M \\ 0 & 9 & M \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & 1 & D \\ 1 & 7 \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Q & N & Y \\ 2 & 0 & 0 & 8 \end{bmatrix}$
Tundraiser Candidate Name RYAN FOR CONGRESS Office Sought: X House Senate Primary X General Other (specify) ▼ State: WI District: 01 Full Name (Last, First, Middle Initial) STUPAK FOR CONGRESS Mailing Address 817 Ninth Avenue P.O. Box 156 PO BOX 143 City State Zip Code Menominee MI 49858 Purpose of Disbursement Candidate Name STUPAK FOR CONGRESS Office Sought: X House Senate Primary X General Other (specify) ▼ Category/ Type Transaction ID: SB23.17158 Date of Disbursement My M / D D D D D D D D D D D D D D D D D D	City			Amount of Each Disbursement this Period
RYAN FOR CONGRESS Office Sought:				1000.00
Senate Primary X General Other (specify) ▼ Full Name (Last, First, Middle Initial) STUPAK FOR CONGRESS Mailing Address 817 Ninth Avenue P.O. Box 156 PO BOX 143 City State Zip Code Menominee MI 49858 Purpose of Disbursement Candidate Name STUPAK FOR CONGRESS Office Sought: X House Senate Primary X General Other (specify) ▼ Other (specify) ▼ Transaction ID: SB23.17158 Date of Disbursement Date of Disbursement Transaction ID: SB23.17158 Date of Disbursement Office Sough (Pin Nor				
Full Name (Last, First, Middle Initial) STUPAK FOR CONGRESS Mailing Address 817 Ninth Avenue P.O. Box 156 PO BOX 143 City Menominee MI Candidate Name STUPAK FOR CONGRESS Office Sought: X House Primary Cother (specify) Cother (specify) Cother (specify) Cother (specify) Cother (specify) Cother (specify) Category/ Type Transaction ID: SB23.17158 Date of Disbursement Amount of Each Disbursement this Per Category/ Type Category/ Type Office Sought: Category/ Type Other (specify)	Senate President	Primary X General		
PO BOX 143 City State Zip Code Menominee MI 49858 Purpose of Disbursement Candidate Name STUPAK FOR CONGRESS Office Sought: X House Senate Primary X General Other (specify) ▼ Amount of Each Disbursement this Permander of Each Disbursement t	Full Name (Last, First, Middle Initial)			
City State Zip Code Menominee MI 49858 Purpose of Disbursement Candidate Name STUPAK FOR CONGRESS Office Sought: X House Senate Primary X General President Disbursement For: 2008 Primary X General Other (specify) ▼		Box 156		$\begin{bmatrix}\begin{smallmatrix}M&9&M\\0&9&M\end{smallmatrix}\end{bmatrix}/\begin{bmatrix}\begin{smallmatrix}D&1&D\\1&7\end{smallmatrix}\end{bmatrix}/\begin{bmatrix}\begin{smallmatrix}Y&Y&Y&Y&Y\\2&0&0&8\end{smallmatrix}\end{bmatrix}$
Candidate Name STUPAK FOR CONGRESS Office Sought: X House Senate Primary Other (specify) Category/ Type Category/ Type Category/ Type	City			Amount of Each Disbursement this Period
STUPAK FOR CONGRESS Office Sought: X House Senate Primary President Other (specify) Type Type Type				1000.00
Senate Primary X General President Other (specify) ▼	STUPAK FOR CONGRESS			
State: MI District: 01	Senate	Primary X General		
	State: MI District: 01	• • • • • • • • • • • • • • • • • • •		

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П	TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	,		21b 27	22 28a	Х	23 28b	24 28c	Н	25 29	26 30t
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	NAME OF COMMITTEE (In Full) HCA INC. GOOD GOVERNMENT FUND	o and address of any pointer							<u> </u>	-		
∠ 4.	Full Name (Last, First, Middle Initial) TEAM SUNUNU					1		isburs	: SB23	3.171	46	
	Mailing Address PO BOX 500					0 ^M 9	М	/ D	9 /	Ý Ž	0 ŏ 8	Y
	City RYE	State Zip Code NH 03870				Amo	unt c	f Each	Disburs	-		-
	Purpose of Disbursement fundraiser			•		L.				30	00.00	
	Candidate Name TEAM SUNUNU		C	ateg Typ	-							
	χ Senate President	ement For: 2008 Primary X General Other (specify)	•									
	State: NH District: 00 Full Name (Last, First, Middle Initial)					Tran	sact	ion ID	: SB23	171	60	
3.	TIM MAHONEY FOR FLORIDA							isburs	ement			Υ
	Mailing Address 4114 Northlake Blvd Ste 300					0 9		1	7 /	2	0 ŏ 8	
	City Palm Beach Gardens	State Zip Code FL 33410				Amo	unt c	f Each	Disburs	emen	t this F	Period
	Purpose of Disbursement campaign		Г			L.				10	00.00	
	Candidate Name TIM MAHONEY FOR FLORIDA		C	ateg Typ	•							
	Office Sought: X House Senate President State: FL District: 16	ement For: 2008 Primary X General Other (specify)										
 C.	Full Name (Last, First, Middle Initial) WASSERMAN-SCHULTZ FOR CONGRE	SS						isburs	: SB23 ement	3.171	54	
	Mailing Address 1071 Twin Branch Ln					0 ^M 9	М	/ D	I 1 /	Ý Ž	0 ŏ 8	Y
	City Weston	State Zip Code FL 33326				Amo	unt c	f Each	Disburs	emen	t this F	Period
	Purpose of Disbursement campaign		Γ	*		L				10	00.00	
	Candidate Name WASSERMAN-SCHULTZ FOR CONGRE	SS	C	ateg Typ								
	Office Sought: X House Disburse Senate President State: FL District: 20	ement For: 2008 Primary X General Other (specify)										
	SUBTOTAL of Disbursements This Page (optional)				•			•		500	00.00	
						F	-	-	•			<u> </u>
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S	CHEDULE B (FEC Form 3X	()	FOR LINE	INE NUMBER: PAGE 21 / 23					
ΙT	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check online) 21b 27	y one) 22 X 23 24 25 26 28a 28b 28c 29 30b					
	y Information copied from such Reports and for commercial purposes, other than using t	•		· ·					
\rangle	NAME OF COMMITTEE (In Full) HCA INC. GOOD GOVERNMENT F	UND							
	Full Name (Last, First, Middle Initial) WEXLER, ROBERT			Transaction ID: SB23.17162 Date of Disbursement					
	Mailing Address Post Office Box 81 Suite 288	0669		09 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0					
	City Boca Raton	State Zip Code FL 33431		Amount of Each Disbursement this Period					
	Purpose of Disbursement fundraiser		0 0	2000.00					
	Candidate Name WEXLER, ROBERT		Category/ Type						
	Office Sought: X House Senate President	Disbursement For: 2008 Primary X General Other (specify) ▼							

SUBTOTAL of Disbursements This Page (optional)	•	2000.00
TOTAL This Period (last page this line number only)		27300.00

SCHEDULE B (FEC Form 3X)		NE NUMBER: PAGE 22 / 23
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page (check of the page) 21b 27	22 23 24 25 28 28b 28c X 29
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NAME OF COMMITTEE (In Full) HCA INC. GOOD GOVERNMENT FUND	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Full Name (Last, First, Middle Initial) Friends of THA		Transaction ID: SB29.17147 Date of Disbursement
Mailing Address 500 Interstate Blvd S		09 M / 09 D / Y Y Y X 8 Y
City Nashville	State Zip Code TN 37210	Amount of Each Disbursement this Period
Purpose of Disbursement PAC to PAC contribution		10000.00
Candidate Name Office Sought: House Disburs	Category/ Type	
Senate President	Primary General Other (specify) ▼	
State: District: Full Name (Last, First, Middle Initial)		Transaction ID: SB29.17161
Joe Haynes for State Senate		Date of Disbursement 0 9 1 7 2 0 0 8
Mailing Address PO Box 527		09 17 2008
City Goodlettsville	State Zip Code TN 37070	Amount of Each Disbursement this Perio
Purpose of Disbursement fundraiser		500.00
Candidate Name Joe Haynes for State Senate	Category/ Type	
Office Sought: House Disbure X Senate President	sement For: 2008 Primary X General Other (specify) ▼	
State: TN District: Full Name (Last, First, Middle Initial)		T " ID ODGG 47400
Stewart for State Senate		Transaction ID: SB29.17168 Date of Disbursement
Mailing Address 500 Dinah Shore Blvd		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City Winchester	State Zip Code TN 37398	Amount of Each Disbursement this Perio
Purpose of Disbursement campaign		500.00
Candidate Name Stewart for State Senate	Category/ Type	
X Senate President	ement For: 2008 Primary X General Other (specify)	
State: TN District: 14		
CURTOTAL (B)) .	11000.00

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	CHEDULE B (FEC Form 3)	Use separate schedule(s)	FOR LINE (check onl	NUMBER: ly one)	PAGE 23 / 23
11	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 23 28a 28b	24 25 26 28c X 29 30b
	y Information copied from such Reports and for commercial purposes, other than using t		, , ,		· ·
\rangle	NAME OF COMMITTEE (In Full) HCA INC. GOOD GOVERNMENT F	FUND			
	Full Name (Last, First, Middle Initial) Tim Barnes for State Senate Mailing Address 119 Franklin St			Date of Disburs	D: SB29.17165 sement 3 0
	City Clarksville Purpose of Disbursement	State Zip Code TN 37042		Amount of Eac	h Disbursement this Period 500.00
	campaign Candidate Name Tim Barnes for State Senate		Category/ Type		
	Office Sought: House I X Senate President State: TN District: 22	Disbursement For: 2008 Primary X General Other (specify) ▼			

SUBTOTAL of Disbursements This Page (optional)	•	500.00
TOTAL This Period (last page this line number only)	•	11500.00